# A CASE OF CAUSALGIA OF TWELVE YEARS' DURATION CURED BY A UNILATERAL CERVICO-THORACIC SYMPATHECTOMY

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ALTHOUGH papers on the surgery of the sympathetic system have appeared in astonishing numbers in the various journals recently, I offer no apology for reporting another case cured by sympathetic surgery, because I believe this case to be unique in the length of time the patient had been suffering from causalgia.

Sarah E., aged 30, was shot through the lower third of the forearm by a sniper's bullet during the disturbances in Belfast in 1921. She was admitted to the Mater Infirmorum Hospital on the same day (July, 1921). The bullet had entered obliquely, grazed the median nerve, fractured the radius, and come out on the dorsal surface of the forearm. The wound was excised, the fracture splinted, and the patient was detained in hospital for three weeks. She afterwards attended the out-patient department for dressing, her wounds being completely healed in a few weeks.

Some months later she returned, complaining that she could not use her hand owing to pain radiating down to the fingers and to great tenderness of the scar. She was ordered massage, radiant heat, and diathermy, but the pain and disability continued in spite of these measures.

In 1923 she was taken into hospital again. The scar on the anterior aspect of the forearm was excised, the median nerve was exposed, and a piece of fascia wrapped round it.

In 1925 a periarterial sympathectomy was performed. There was improvement for a few months following this operation, but eventually the pain and tenderness returned. She was again relegated to the massage department for radiant heat and diathermy.

She was then lost sight of for four years until September, 1933, when she again presented herself. The hand was now blue and cold, the skin atrophic and shiny. The scar was so sensitive that the merest touch caused her to shudder with pain. She was completely incapacitated, and begged that something be done to relieve her.

In November, 1933, a unilateral cervico-thoracic sympathectomy was performed by the Adson posterior approach. Entrance was made through the second rib, one inch of which and part of the transverse process of the second thoracic vertebra being resected. The stellate ganglion and its connections were resected. The operation was comparatively easy, the hand becoming warm, pink, and dry, all

pain and tenderness disappearing, and within a fortnight the skin had lost its atrophic appearance.

On examination in April, 1934, the healthy, comfortable condition was found to be maintained, and the patient could do her work.

I wish to thank Mr. J. J. Moriarty of the surgical staff of the Mater Infirmorum Hospital, who assisted me at the operation; also Dr. Dickson Boyd of the Anatomical Department of Queen's University, Belfast, for demonstrating to me the anatomical approach to the ganglion on the cadaver.

REFERENCE.

ADSON, A. W., "Cervico-thoracic Ganglionectomy, Trunk Resection, and Ramisectomy by the Posterior Intrathoracic Approach," *American Journal of Surgery*, 1931, February.

# Megaloureter in the New-Born

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MEGALOURETER, or congenital enlargement of the ureter in the absence of any organic obstruction, is said to be an uncommon condition. Cockayne[1] described three cases of it, one in a child of two years, one in a child of seven years, and one in a girl of fifteen years; Caulk[2] described a case in a woman of thirty-two years of age; Bachrach[3] described a case in a woman of twenty-seven years, and Hurst and Gaymer-Jones[4] a case in a woman of thirty-three years. These few cases are the only ones I can find in the literature. Braagsch[5], in his monograph on "The Practice of Urology," makes no mention of it.

The condition would thus appear to be a most uncommon one, and three cases of it which I have found, post-mortem, in newborn infants appear to me worthy of report. One of these cases occurred in a female anencephalic infant of full term, one occurred in a female stillborn infant which had a spina bifida, and one case occurred in a female stillborn infant of full term in which I could find no anomaly of development apart from the megaloureters. In these three cases the condition was bilateral, and in each case the naked-eye, as well as the microscopic, appearances were closely similar. The following description is therefore based on a study of the ureters obtained from the apparently normal stillborn infant.